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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US03/37653 11/18/2003 which is a CIP of 10/298,377 11/18/2002
 which is a CIP of 09/538,248 03/29/2000
 which is a CIP of 09/470,881 12/22/1999 PAT 6,685,938
 which is a CIP of PCT/US99/11780 05/28/1999
 which claims benefit of 60/087,220 05/29/1998

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

08/08/2006

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 20	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials			

ADDRESS

2387

TITLE

Method of treatment of myocardial infarction

FILING FEE RECEIVED 1480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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